

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: BONE GRAFT FORMING GUIDE
Attorney Docket Number:: SPINE 3.0-298 DIV I
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: Fig. 1
Total Drawing Sheets:: 8
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Egypt
Status:: Full Capacity
Given Name:: Mahmoud F.
Middle Name:: F.
Family Name:: Abdelgany
City of Residence:: Bartonsville
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: HC-1, Box 65 Cherry Lane
City of mailing address:: Bartonsville
State or Province of mailing address:: PA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 18321

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Family Name:: Noel
City of Residence:: Sioux City
Country of Residence:: IO
Street of mailing address:: 26 Quail Court
City of mailing address:: Sioux City
State or Province of mailing address:: IO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 51104

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Alan
Family Name:: Yeadon
City of Residence:: Ridgewood
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 2347 Tampa Avenue
City of mailing address:: Ottawa
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: K1H 7K2

Correspondence Information

Correspondence Customer Number:: 000530

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Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/742,923	12/21/00

Assignee Information

Assignee name:: Stryker Spine
Street of mailing address:: ZI de Marticot
City of mailing address:: Cestas
Country of mailing address:: France
Postal or Zip Code of mailing address:: F-33610